

Health,
& Welfare
Public
Service
5.300
1-57

FILED JAN 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46696
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3312

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Overland		c. CITY OR TOWN Overland 4234	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10532 Canterway		Length of stay in lb 35 yrs	d. STREET ADDRESS (If outside, give location) 10532 Canterway
3. NAME OF DECEASED (Type or print) First JOHN Middle B Last BOWLING		4. DATE OF DEATH Month Dec Day 30 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH apr 30 1860
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (In years last birthday) 97
11. BIRTHPLACE (City and state or country) St Genevieve Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edmond Bowling		13b. MOTHER'S MAIDEN NAME Margaret Lathinger	
14. NAME OF HUSBAND OR WIFE Eleanor		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO. unk.		17. INFORMANT Address Jessie Fellenstein Overland Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wrenaria and complications of the age. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH Nov-19 TO Dec. 30-1957
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from Nov-19-57 to Dec. 30-57 and last saw her alive on Dec. 29-1957 Death occurred at 5:30 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. P. Fellenstein M.D. (Degree or title)		22b. ADDRESS 9435 Duckland	
22c. DATE SIGNED 12-30-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1/1/58		23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery Farmington Mo	
24. FUNERAL DIRECTOR Cozean F Home Farmington Mo		25. DATE RECD. BY LOCAL REG. 12-30-57	
26. REGISTRAR'S SIGNATURE Herbert F. Donike M.D.		27. DATE SIGNED 12-30-57	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C. Outman

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.